

Moving Expense Worksheet

Who can claim moving expenses?

- 1) You have moved a minimum of 40 kilometers <u>closer</u> to a new place of work (or school). You or your spouse must be starting a new job or relocating your self-employment business.
- 2) You have established a new place to live. (e.g. you sold or rented out your prior residence)

If these conditions do not apply to you, then you do not need to complete this form. If you are not certain, then please contact us and discuss the issue with one of KMA's tax professionals.

1. Personal Identification

	First	Middle	Last
Taxpayer			
Spouse			

2. Previous and New Employer Details

Previous Employer				
Name:				
Address:	City:	Prov:	Postal Code:	
New Employer Name:				
Address:	City:	Prov:	Postal Code:	

Date you or your spouse started the new employment?

3. Details of your move

Old Address			
Address:	City:	Prov:	Postal Code:

New Address				
Address:	City:	Prov:	Postal Code:	

Pleas	se complete the	following question	ons				
1.	What was the date of your move?				(Date: m	/d/y)	
2.	 When you moved, did you fly or drive to your new residence? If you did a combination of flying and driving, please indicate as such 				Flew	Drove	Both
3.		l you make one o , please provide c			I	YES	NO
	First Trip	(Amount \$)	(Date: m/d/y)	(Reason)			
	Second Trip	(Amount \$)	(Date: m/d/y)	(Reason)			
	Third Trip	(Amount \$)	(Date: m/d/y)	(Reason)			
	Fourth Trip	(Amount \$)	(Date: m/d/y)	(Reason)			
4.		id you make mor r answer is YES, p (Amount \$)	e than one trip? YES please provide the infor (Date: m/d/y)				
	Second Trip	(Amount \$)	(Date: m/d/y)	(Reason)			
	Third Trip	(Amount \$)	(Date: m/d/y)	(Reason)			
	Fourth Trip		(Date: m/d/y)	(Reason)			

4. Moving Expenses

1.	Did you use a moving compa If YES, then please p		below	YES	NO
	Name of moving company				
	Amount paid	(Please attach receipt	t)		
	Date paid	(d/m/y)			
2. If you did not use a mover, then please provide details how you moved your household goods?					
	Amount paid	(Please attach rec	ceipt)		
3.	How did they arrive at the ne	ew residence? (By	automobile, flying or other) Please describe.		
4.	Number of days spent travel days.	ling. If you made r	multiple trips, then please include all those		
5.	Did you or members of your	household stay in	hotels, motels, or other accommodations du	ring the move? YES	NO
	 If YES, then please p please) 	provide the total sp	pent on accommodations (attach receipts	(Please attach receipts)	
	• If YES, then please p	provide the total sp	pent on meals	(Please attach receipts)	
6.	Did you or members of your household stay in temporary accommodations either before or after the move? YES NO • If YES, please provide the following:			NO	
	Dates of the temporary acco	mmodation	(d/m/y)		
	Total cost of the temporary a	accommodation	(Please attach receipts)		
7.			your old residence for a period of time after		NO
8.			expenses in the Incidental Moving table below to of moving costs from an employer?	N. YES	NO
0.					-
			d in your or your spouse's T4?	YES	NO
	IF YES, please provid	the amount of r	eimbursement.	\$	

5. Purchase and sale of residence

1.	Did you sell or purchase a residence as a result of the move?	YES	NO
	• IF YES, then please provide the following Information and copies of all relevant documents:		

Sale o	Sale of Old Residence		
	Selling Price		
	Realtor Commission		
	Legal Fees		
	Advertising or other costs		

Purch	Purchase of New Residence		
	Purchase Price		
	Legal Fees		
	Taxes paid for the registration of title		
	Date of Purchase	(d/m/y)	

Other Moving Costs			
٠	Cancellation of a lease in order to move to the new work location. Please provide the amount paid and copies of the cancellation agreement.		
•	Change of address on legal documents.		
•	Replacing drivers license and permit, but not including insurance.		
٠	Utility connection and disconnection costs.		
•	Transportation costs of moving boats or trailers.		

Incidental Moving Costs		